ADDITIONAL DWELLINGS

Refer to Supplemental Declarations if information is not shown on this form.

The dwellings at the locations described in this endorsement are ***insured premises*** as defined and limited in the Definitions of this policy.

The amount***Our*** limit of insuranceliability at these locations for each property coverage shall not be more than the limitamount stated for such coverage. This insurance is subject to all ***terms*** of this policy.

Dwelling No. _____ Located _____

Property Coverages	AmountLimit of InsuranceLiability		Causes of LossPerils Insured Against	Premium
A. Residence B. Related Private Structures on the Premises On _____ On _____ C. Personal Property D. Additional Living Expense and Loss of Rent	$ $ $ $ $		***Residence*** Coverages ☐ Basic Form FL-1 (Ed) ☐ Including Extended Cov.Coverage ☐ Including Vandalism ☐ Broad Form FL-2 (Ed.) ☐ Special Form FL-3 (Ed. ☐ Form FL-5 Ed.)	$

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RATING INFORMATION

Other Endorsements that apply only to this location:

Owner Occupied ☐ Yes ☐ No; Year of Construction:_____ Number of Families: ☐ 1 ☐ 2 ☐ 3 ☐ 4
Dwelling Construction: ☐ Frame; ☐ Brick, Stone Masonry; ☐ Other _____

Mobile Home: ☐ With ☐ Without Permanent Foundation; Manufacturer _____
Serial or Model No. _____; Length _____,; Width _____; Cost New $_____

Distance to Fire Hydrant _____Feet; Fire Dept._____Miles.Miles; Fire Dist. or Town: _____
Fire Protection: ☐ Protected; ☐ Partially Protected; ☐ Unprotected; ☐ Other _____

Dwelling No. _____ Located _____

Property Coverages	AmountLimit of InsuranceLiability		Against	Premiu
A. Residence B. Related Private Structures on the Premises On _____ On _____ C. Personal Property D. Additional Living Expense and Loss of Rent	$ $ $ $ $		***Residence*** Coverages ☐ Basic Form FL-1 (Ed) ☐ Including Extended Cov.Coverage ☐ Including Vandalism ☐ Broad Form FL-2 (Ed.)	$

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RATING INFORMATION

Other Endorsements that apply only to this location:

Owner Occupied ☐ Yes ☐ No; Year of Construction:_____ Number of Families: ☐ 1 ☐ 2 ☐ 3 ☐ 4
Dwelling Construction: ☐ Frame; ☐ Brick, Stone Masonry; ☐ Other _____

Mobile Home: ☐ With ☐ Without Permanent Foundation; Manufacturer _____
Serial or Model No. _____; Length _____; Width _____; Cost New $_____

Distance to Fire Hydrant _____Feet; Fire Dept._____Miles. Fire Dist. or Town: _____
Fire Protection: ☐ Protected; ☐ Partially Protected; ☐ Unprotected; ☐ Other _____